



**Southeast Ohio**  
 Monroe, Morgan, Noble &  
 Washington Counties  
 A proud partner of the  
 American Job Center network

# OMJ CENTER REGISTRATION FORM

(rev. 9/2019)

Welcome to our center! Please complete the following information by PRINTING legibly. The information is used to determine how our staff may assist you and allows you full access to center resources.

All information is kept **CONFIDENTIAL**.

<b>How did you hear about us?</b>	<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>
<b>Street/Mailing Address</b>		<b>City, State, and Zip</b>	
<b>County</b>			
<b>Date of Birth:</b> / /  <b>Current Age:</b> _____  <b>Gender</b> Male - Female	<b>Are you a veteran?</b> Yes (Thank you for your service!) No <b>Are you a spouse/family caregiver of a veteran?</b> Yes No <b>If "yes", Branch of Service:</b> _____ <b>Dates of Service:</b> _____ <b>Discharge Type:</b> _____	<b>Email Address:</b> _____ <b>Phone #:</b> _____ <b>Emergency Contact Person:</b> _____ <b>Contact Person Phone #:</b> _____	

**What brings you into our center today? (check all that applies)**

<input type="checkbox"/> Help with a resume' <input type="checkbox"/> Job postings <input type="checkbox"/> Computer access <input type="checkbox"/> Copier/Printer Access <input type="checkbox"/> Phone and/or Fax	<input type="checkbox"/> Financial Aid for School/Training <input type="checkbox"/> Info on Aspire(GED/other) <input type="checkbox"/> Info on Veteran Services <input type="checkbox"/> Info on Disabilities Programs <input type="checkbox"/> Info on Senior Aid Programs	<input type="checkbox"/> Help with Unemployment Requirements <input type="checkbox"/> Info on WIOA Programs <input type="checkbox"/> OTHER REASON(S) FOR VISIT: _____ _____
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**Please circle the OhioMeansJobs Center location that you are seeking service from:**

**Monroe County OMJ**  
 100 Home Avenue  
 Woodsfield, OH 43793  
 (740) 472-1602

**Morgan County – OMJ**  
 155 East Main, Lower Level  
 McConnelsville, OH 43756  
 (740) 962-2519

**Noble County – OMJ**  
 46049 Marietta Rd  
 Caldwell, OH 43724  
 (740) 732-2392

**Washington Co. - OMJ**  
 1115 Gilman Ave., Ste B  
 Marietta, OH 45750  
 (740) 434-0758

I \_\_\_\_\_, agree that the staff of the Ohio Means Jobs (OMJ) Center may exchange and disclose information on me in order to make determination of my eligibility for benefits and/or services provided by programs under the partner agencies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OWCMS Mini Registration Completed?** Yes No **Center Staff Initials:** \_\_\_\_\_

**ELIGIBILITY/CAREER SERVICES:** The following is used to determine additional services you may qualify for.

<p><b>Are you legally authorized to work in the U.S.?</b> Yes No</p> <p><b>Are you registered for Selective Service (males only, born on or after 1/1/1960)?</b> Yes No Exempt If yes, SSR#: _____</p>	<p><b>Do you have a valid driver's license?</b> Yes No</p> <p>State of License: _____</p> <p><b>Endorsements?</b> <input type="checkbox"/> Commercial; <input type="checkbox"/> CDL-A; <input type="checkbox"/> CDL-B; <input type="checkbox"/> CDL-C</p>	<p><b>Are you married?</b> Yes No If "yes", is spouse working? Yes No</p> <p><b>How many are living in the household?</b> _____</p> <p><b>Estimated Household Income past 6 months:</b> (gross before taxes are taken out) \$ _____</p>
<p><b>Is your Ethnicity Hispanic or Latino? (Optional)</b> Yes No</p>	<p><b>Race: (Optional)</b> <input type="checkbox"/> American Indian/Alaska Native; <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian; White; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Other</p> <p><b>Is English your Native or Primary Language?</b> Yes No Other: _____</p>	
<p><b>Are you currently employed?</b> Yes No <b>If yes:</b> # Hrs/Week: _____ Hrly rate: \$ _____/hour</p> <p><b>Have you been laid off or notified of a layoff or let go?</b> Yes No</p> <p><b>Are you receiving or exhausted unemployment compensation?</b> Yes No If yes to either, last date of Employment: _____; Tenure with company? _____ (months) Employer Name: _____ Address: _____ Job Title/Position: _____; Last Hourly Wage Paid: _____</p>		
<p><b>Highest Grade Completed:</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p><b>Circle Diploma/Degrees attained:</b> High School Diploma/GED; Associates; Bachelor; Masters; Doctoral</p> <p><b>Are you currently a student?</b> Yes No <b>If "yes",</b> School Attending: _____ Are you in default of a student loan? Yes No Are you receiving a student loan? Y N Are you receiving PELL? Y N</p>	<p><b>Do you receive or in the past "6 months" have received or is a member of a family that has received:</b></p> <p><input type="checkbox"/> SNAP (food stamps) or TANF <input type="checkbox"/> Medical Card <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Public Assistance: _____</p>	
<p><b>Please circle if you have any of these barriers:</b> an offender (misdemeanor or felony); a school dropout; homeless; pregnant or parenting; have a disability; runaway; limited English proficiency; and/or current/past foster child; other: _____</p>		
<p>By signing, I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, may be grounds for immediate termination and/or penalties as specified by law. I authorize and direct any federal, state or local agency, organization, business or individual to release and verify information needed to process my eligibility to participate and/or to maintain my continued assistance. I also consent for OMJ Staff to release information from my file for the purpose of obtaining services. I further authorize the OMJ staff to use my social security number &amp; address for any service that I receive. I also authorize agencies from whom information is needed to release such information to OMJ staff. I agree center staff &amp; partners may verify information regarding any employment gained.</p>		
<p><b>Applicant Name (Printed):</b> _____ <b>Social Security #:</b> _____</p> <p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p> <p><b>If under 18 YOA, Parent/Guardian Signature:</b> _____ <b>Date:</b> _____</p>		
<p><b>Enrollment Date in OWCMS/Career Services:</b> _____</p>		
<p>Funding Sources Enrolled: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other: _____</p> <p>Staff Signature: _____ Date: _____</p>		